

## Administrative Order



**Administrative Order No.:** 7-17

**Title:** Reimbursement for Moving Expenses

**Ordered:** 9/7/1977

**Effective:** 9/7/1977

### **AUTHORITY:**

Section 2-11,13(a) of the Code of Metropolitan Dade County and Ordinance 77-48.

### **POLICY:**

The reimbursement of moving expenses for a new Dade County employee is authorized only upon an affirmative finding that the payment of moving expenses is a necessary condition to the employment of a new employee and that said employee possesses such qualifications, expertise, or experience which renders him particularly qualified to perform the duties of the job. Moving expenses shall be paid only upon the recommendation of a department head and the approval of the County Manager. Such recommendations and approvals shall be based on the following guidelines:

1. The department head and the County Manager shall determine if reimbursement of such expenses for a specific individual is in the best interest of the County.
2. The department head shall recommend approval by the County Manager of moving costs for subordinate employees in his department, and the appointing authority shall recommend approval for department heads.
3. Commitments to expend County funds to reimburse moving expenses shall not be made by a department head without prior approval by the County Manager. Recommendations, for such expenditures, submitted subsequent to the move, will not be approved.
4. All recipients of relocation allowances will be required to sign an agreement to reimburse the County for relocation allowances paid them if the employee voluntarily terminates employment within one (1) year or is terminated due to

falsification of the Employment Application.

5. The County will have no responsibility to pay any relocation expenses for a potential employee unless the person actually enters into employment with the County. Such employment is contingent upon submitting to a County medical examination and background screening. An offer of employment is conditional that no physical or background limitation applicable to the position being filled will be identified by the medical examination or the screening process.
6. Dependents authorized relocation allowances are defined as income-tax-listed dependents only.
7. Relocation of dependents and movement of household effects must commence within three (3) months of the date of employment with the County. In cases of extenuating circumstances, a longer period of time may be granted by the County Manager.

## **RELOCATION EXPENSES:**

Payment of relocation expenses shall be authorized to defray the cost of moving those employees covered by the eligibility stated above. Relocation allowances shall be granted to an employee, an employee's family, and an employee's household belongings as follows:

### **RELOCATION EXPENSES - EMPLOYEE**

1. Mode of Transportation (Employee) - Transportation by (1) either personal auto at the rate of 14 cents per mile by the most direct route from the person's place of residence to the Metropolitan Dade County area or (2) commercial tourist plane, train, or bus with receipts, will be reimbursed. When traveling by car, the number of days of enroute subsistence is based on a minimum of 400 miles per day.
2. Lodging (Employee) - Actual expense for lodging at a singular occupancy rate if traveling without spouse or other dependents to be substantiated by receipt.
3. Meals (Employee) - Actual costs of meals up to the maximum amounts stipulated in Administrative Order No. 6-1 will be reimbursed.

## **RELOCATION EXPENSES - FAMILY**

4. Mode of Transportation (Family) - If the employee's family accompanies the employee by car, no additional transportation will be allowed other than that specified in (1) above. If they travel by car at a later time, mileage will be reimbursed at the rate of 14 cents per mile. Otherwise transportation will be reimbursed for spouse and other income-tax-listed dependents by tourist plane, train, or bus by the most direct route from present address to the Metropolitan Dade County area and substantiated by receipts.
5. Lodging (Family) - Actual cost of reasonable lodging to be substantiated by receipt.
6. Meals (Family) - Actual cost of meals up to the same maximum amounts stipulated in Administrative Order No. 6-1 will be reimbursed for each income-tax-listed dependent over three (3) years of age. Half the maximum amounts stipulated will be reimbursed for each dependent three (3) years of age or under.

## **HOUSEHOLD BELONGINGS:**

Movement of household goods and personal belongings established as a reasonable need will be reimbursed from the established place of residence to the Metropolitan Dade County Area if the distance is in excess of 100 miles. Movement may be either by (1) common carrier or (2) rental vehicle which includes a 14 cents per mile mileage allowance. Storage of such items is authorized for a maximum of 30 days excluding travel time. Movement of all belongings will be completed in one shipment.

## **PROCEDURE:**

The following procedures shall be adhered to by all departments recommending payment of moving expenses and by the County Manager in authorizing such payments:

1. Departments will submit all recommendations for payment of moving expenses to the County Manager on a "Request for Authorization to Reimburse Moving Expenses" signed by the department head.

2. The County Manager will indicate the mode of transportation on approved requests and return all requests to the initiating department.
3. The department head, upon receipt of the approved request, may authorize an employee to incur moving expenses by the mode of transportation indicated by the County Manager.
4. The department will submit a "Moving Expense Report", the approved "Request for Authorization to Reimburse Moving Expenses", and all supporting receipts to the County Finance Department.
5. The County Finance Department will issue a check for the amount of the actual expenses along with IRS form #4792 "Employee Moving Expense Information" to the subject employee.

Samples of the "Request for Authorization to Reimburse Moving Expenses" and the "Moving Expense Report" forms are attached.

M. R. Stierheim

County Manager

METROPOLITAN DADE COUNTY

REQUEST FOR AUTHORIZATION TO REIMBURSE MOVING EXPENSES

REQUEST:

Name \_\_\_\_\_

Code \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

Division \_\_\_\_\_

Date of Employment \_\_\_\_\_

Department \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_

Move from City of \_\_\_\_\_ In State of \_\_\_\_\_

Estimated Mileage to Miami \_\_\_\_\_

Type of Expenses to be Reimbursed for ☐ Employee and/or ☐ Family:

☐ Transportation expenses in moving household goods & personal effects.

☐ Travel, meals & lodging expenses in moving from former to new residence.

☐ Storage of household goods & personal effects for 30 days or less.

Recommended mode of transportation of household goods & personal effects:

☐ Common carrier (estimated cost \_\_\_\_\_)

☐ Rental Vehicle (estimated cost \_\_\_\_\_)

Justification for Recommended Mode of Transportation \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL:

☐ The above request is not approved.

☐ The above request is approved for move by

☐ Common Carrier.

☐ Private and/or Rental Vehicle

County Manager \_\_\_\_\_

Date \_\_\_\_\_

Prepare in Quadruplicate: Original to Finance; Yellow to County Manager; Pink to Department; Blue to Employee.

METROPOLITAN DADE COUNTY

MOVING EXPENSE REPORT

PART I

Name \_\_\_\_\_ Code \_\_\_\_\_  
Date \_\_\_\_\_  
Department \_\_\_\_\_ Division \_\_\_\_\_

PART II

☒ Partial or ☐ Complete report of actual expenses:

Transportation expenses in moving household goods & personal effects \_\_\_\_\_

Travel expenses for employee & family \_\_\_\_\_

Lodging expenses for employee & family \_\_\_\_\_

Meals expenses for employee & family \_\_\_\_\_

Storage expenses of household goods & personal effects for 30 days or less \_\_\_\_\_

Amount to be reimbursed \_\_\_\_\_

PART III

Attach approved "Request for Authorization to Reimburse Moving Expenses" and all supporting receipts.

PART IV

I hereby certify that the above is a true and correct statement of expenses incurred in moving to Dade County.

Employee \_\_\_\_\_ Date \_\_\_\_\_  
Department Head Approval \_\_\_\_\_ Date \_\_\_\_\_

PART V

Date received by Finance \_\_\_\_\_  
Check No. \_\_\_\_\_ Issued on \_\_\_\_\_ In the amount of \$ \_\_\_\_\_  
Received By \_\_\_\_\_ Date \_\_\_\_\_

Prepare in Triplicate: Original to Finance; Yellow to Department; Blue to Employee